

**Division of Health Care Finance and Policy (DHCFP)**

**Public Records Request Form**

Contact Name\_\_\_\_\_

Company\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_TIN: \_\_\_\_\_  
(Tax Identification Number, for billing purposes only)

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**Place a check next to each type of record you are requesting:**

- |  |  |
|--|--|
| <input type="checkbox"/> Nursing HCF 1             | <input type="checkbox"/> Audited Financial Statements        |
| <input type="checkbox"/> HCF 2                     | <input type="checkbox"/> Financial Statements Submitted      |
| <input type="checkbox"/> Management Company HCF 3  | <input type="checkbox"/> Adult Day Health Cost Report        |
| <input type="checkbox"/> Rest Home HCF 4           | <input type="checkbox"/> Community Health Center Cost Report |
| <input type="checkbox"/> 403 Hospital Cost Reports | <input type="checkbox"/> Home Health Agency Cost Report      |
| <input type="checkbox"/> Charge Book               | <input type="checkbox"/> Temporary Nursing Services          |
| <input type="checkbox"/> Regulations               | <input type="checkbox"/> Public Hearing Records              |

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**To speed processing, list requests in ALPHABETICAL ORDER and SPECIFY YEAR:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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**Mail, fax, or email completed form to:**

Division of Health Care Finance and Policy  
Public Records  
Two Boylston Street  
Boston, MA 02116-4704

Phone: (617) 988-3105  
Fax: (617) 727-7662  
email: [public.records@state.ma.us](mailto:public.records@state.ma.us)